



**JCC Mission Statement**  
 Our mission as a human service agency is to strengthen and preserve Jewish culture, promote mutual understanding and the acceptance of diversity, and enhance the well being of our members and the communities we serve through cultural, educational, physical, recreational, and social opportunities. We work cooperatively with other civic organizations to improve our community, and welcome everyone regardless of their circumstances or ability to pay.

**APPLICANT**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ P.O. Box / Apt. No. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Currently a JCC member?:  Yes  No Date of application \_\_\_\_\_

**REQUESTED ASSISTANCE:** Financial Assistance is provided in the following areas:  
 Membership ~ Programs and Classes ~ Childcare\*

Name	Assistance Area (see above)	Day	Time	Monthly Fee	Yearly Fee	Amount you can pay

\* If requesting Childcare Assistance - Have you also applied through Child Care Consultants as the JCC requires?  Yes  No\*

**CONDITIONS for FINANCIAL ASSISTANCE**

- The York Jewish Community Center is a not-for-profit United Way member agency offering programs and services regardless of race, color, sex, age, veteran status, marital status, sexual preference, national origin, religion, disability or any other characteristic protected by law.
- The JCC does not renew financial assistance packages automatically. Participants must submit a new application each year for membership, in the spring for summer camp and late summer for the school year.
- The JCC maintains strict confidence on all applications. All materials are kept in strict confidence. We may request additional information to clarify an application.
- If your financial situation changes (i.e. you become employed, your employer changes, change in marital status, etc.) you MUST notify us of all changes so that we can update your file.
- The JCC reserves the right to modify our agreement at any time, based on the changing financial situations of the applicant and/or the JCC or for any other reason.

<p><b>Office Use Only</b></p> <p>Join Date: _____</p> <p>FA Meeting Date: _____</p> <p>Payment \$ _____</p> <p>Payment Method: _____</p> <p>United Way Survey: _____</p> <p>Renewal: _____</p>	<p><b>Notes:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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## HOUSEHOLD INFORMATION:

Name	Birth Date	Relationship	Annual Gross Income
			\$
			\$
			\$
			\$
			\$
			\$
<b>Total Annual Income</b>			\$

## MONTHLY HOUSEHOLD INCOME:\*

## MONTHLY HOUSEHOLD EXPENSES:

Gross income wages	\$	Mortgage / Rent	\$
Social Security and/or Pension	\$	Car Make/Model/Year	
Alimony or child support	\$	Extraordinary Medical:	\$
Interest/Dividends	\$		
Unemployment	\$		
DPW assistance	\$		
Workmen's Compensation	\$		
Any other source of income	\$		
<b>Total Monthly Income</b>	<b>\$</b>	<b>X 12 Months = Total Annual Income</b>	<b>\$</b>

**\*Failure to disclose all forms of income may result in the loss of any financial assistance.**

**REQUIRED DOCUMENTATION:** Attach copies of the following documents, where applicable.

- |   |  |
|---|--|
| <input type="checkbox"/> Pay stubs (one-month of current pay stubs)           | <input type="checkbox"/> Statement of unemployment benefits          |
| <input type="checkbox"/> <b>Most recent federal tax return (required)</b>     | <input type="checkbox"/> DPW statement (from case worker)            |
| <input type="checkbox"/> Social Security-Pension or Benefit notification      | <input type="checkbox"/> Workmen's Compensation statement of benefit |
| <input type="checkbox"/> Child/Spousal Support – domestic relations statement |  |

**NOTE:** Child Care, SACC, and Center Campus families must first apply to Child Care Consultants (CCC) at 854-2273. Please submit a copy of your CCC application along with this JCC application and its required documentation to the JCC. The Financial Assistance Manager will review your information and contact you to schedule an interview. Under certain circumstances, the JCC will provide financial assistance to families that do not qualify for assistance through CCC. When funds are available, the JCC will also scholarship families on the CCC subsidized care waitlist.

## SPECIAL CIRCUMSTANCES

**Are there any special circumstances of which we should be aware?**

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*I declare that all of the information contained in the form is correct and complete to the best of my knowledge. I understand that I am responsible for paying all balances by agreed upon date and reporting any increases or decreases in my or my family's income to the Financial Assistance Manager immediately.*



\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

